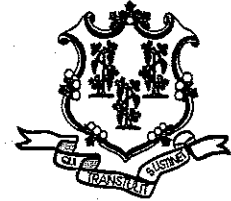




STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony of
Brian Mattiello
Director of Strategic Initiatives



Program Review and Investigations Committee
March 8, 2010

**H. B. No. 5302 - AN ACT IMPLEMENTING THE PROGRAM REVIEW AND
INVESTIGATIONS COMMITTEE'S RECOMMENDATIONS CONCERNING AN
ACTION PLAN TO IMPROVE FAMILY PRESERVATION AND SUPPORT
PROGRAMS**

The Department of Children and Families (DCF) offers the following comments regarding H.B. No. 5302 - AN ACT IMPLEMENTING THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE'S RECOMMENDATIONS CONCERNING AN ACTION PLAN TO IMPROVE FAMILY PRESERVATION AND SUPPORT PROGRAMS.

As you know, DCF participated in the Program Review and Investigations Committee's RBA Pilot Project Study of Selected Human Services Programs. We commend the professionalism and effort of the Committee staff, and we concur with many of the dozens of recommendations contained in the final study report. However, we do outline some areas of concern in our formal response to this study, which was submitted to the Committee on March 3, 2010.

The bill before you embodies one concept that emerged from the report and directs the Department to develop a plan to move child welfare family preservation services to evidence-based models, conduct a needs assessment, and ensure adequate quality assurance and quality improvement functions for these programs. All of these goals are shared, but the Department must point out that some are already being done and others will require resources, both fiscal and personnel, beyond what are currently available to the Department. We are also not convinced that a statutory mandate is necessary, and the recommendations seem to be premised on the notion that there is a rich array of evidence-based programs of this nature, which there is not.

Nonetheless, consistent with the spirit behind this proposed legislation, the Department points out that there are on-going efforts aimed at assessing our service theories, delivery and outcomes. Through the use of logic models, contract standardization, and key data development and provider accountability activities, along with a significant investment in research and evidence-based programming over the last several years, the Department has made significant progress on this front.

Perhaps most important among these efforts came last year in the roll out of the agency's new web-based client level data system for the collection of client demographic, risk factor and program process and outcome data related to participation in community based services. This effort, known as Programs and Services Data Collection and Reporting System (PSDCRS), will support programs across all DCF mandate areas and currently involves selected behavioral health and child welfare programs.

We are quick to point out that the PSDCRS reporting function is evolutionary. Reports currently available largely provide information about census, length of stay, and discharge reason (e.g., successful completion or not) by program, provider and selected client demographic characteristics. Reports are available on a secured basis to authorized users according to assigned system access level: DCF Oversight, Program, Provider and Project (projects represent the intersection of provider, program and site).

Outcomes data are now becoming available. For each data element, it is possible to obtain the detailed client-episode data along with key demographic elements. Each data element will constitute a mini-data extract that can be joined to another mini data extract and that can then be analyzed. For example, we will be able to assess Ohio Scales Outcomes scores and changes between intake and discharge.

In addition, and in a manner consistent with the Committee's 2007 study involving DCF, the Department has several systemic means to assess our progress, most notably including the recent development of a comprehensive 5-year Strategic Plan (summary attached), and a Program Improvement Plan (PIP) submitted to the Federal government as part of the Child and Family Services Review. Both of these efforts are aimed at increasing the State's capacity to create positive outcomes for children and families and on the results achieved by the timely provision of appropriate services.

It is important to note that the Department's effort to move toward an outcome-driven agency-wide Strategic Plan as a vehicle for measuring the Department's progress toward the very goals of the current bill was endorsed by this Committee and the General Assembly just last session. More specifically, PA 09-205 already requires the Department to develop a plan, with the input of the State Advisory Council and other stakeholders, that will consider much of the information called for in this bill, including, but not limited to, standards for programs that are based on research-based practices, when available, relevant measures of performance, and priorities for services and estimates of funding and other resources necessary to meet those outcomes. In light of this recent statutory mandate, the plan required by this bill is unnecessarily duplicative and arguably counterproductive.

In closing, the Department wishes to point out that the hope and expectations associated with family preservation services and supports are taking hold in Connecticut and continue while the Committee's report is examined. As we all agree, whenever possible consistent with child safety, children belong at home. Today, families involved with the Department are more apt to receive services to keep their children safely at home, and children are less likely to experience the trauma of a removal from home.

It is encouraging that the number of children in care as the result of abuse or neglect has declined by approximately 20 percent from just two years ago. Correspondingly, there has been an accompanying increase in the number of families served with their children at home. In fact, 80 percent of the children served by the Department on December 1, 2009 were living at home compared to 62 percent on the same date in 2000 and 73 percent in 2007. Importantly, this significant decrease in the number of children in care has not come at the expense of child safety.

This reduction in children in care is attributable to a number of factors, including the expansion of intensive home-based programs, which largely did not exist only a few years ago, the adoption of Structured Decision-Making, a more clearly defined and consistently applied decision-making criteria for assessing risk and safety issues, and the ability of the Department to individualize our interventions through lowered caseloads for front-line social workers and increasing the availability of flex funds, which permits a greater flexibility and immediacy of our interventions in support of families.

CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

STRATEGIC PLAN SUMMARY

The Department of Children and Families (DCF) is one of the few state-run consolidated child welfare agencies in the nation. The statutorily mandated responsibilities include children's protective services, children's behavioral health, juvenile justice, and child abuse and neglect prevention. DCF's Strategic Plan contains explicit statements of what the agency and its stakeholders believe Connecticut's consolidated children's agency should accomplish. More importantly, the Strategic Plan routinely offers a picture of agency performance and a testing of the viability of the Strategic Plan itself through a composite assessment of multiple indicators associated with five broad outcomes.

Outcome 1: Prevention services will strengthen families and reduce the need for DCF involvement.

DCF services are aimed at protecting all of the state's children and youth from harm. Specifically, we strive to reduce child abuse and neglect, juvenile delinquency, and serious mental health problems whenever possible. When citizens and communities support families, negative outcomes for children can be prevented and fewer families will require ongoing protective services involvement.

- The rate of children alleged to have been victims of child abuse or neglect will be reduced.
- The rate of children substantiated as victims of child abuse or neglect will be reduced.
- The rate of children living in homes requiring ongoing child protective services will be reduced.
- There will be fewer delinquency petitions filed.
- There will be fewer Family with Service Needs petitions filed.

Outcome 2: Children will remain safely at home with their parents or guardians.

We will strive to intervene effectively and keep children with their families whenever safely possible and avoid any unnecessary removals from home by conducting strength-based and comprehensive assessments that accurately identify risks and needs.

- There will be a reduction in the rate of repeat maltreatment of children.
- The rate of children entering DCF care will be reduced.
- Fewer children will re-enter care after having returned home from placement.
- There will be fewer delinquency commitments.
- The rate of recidivism for children that were previously committed as delinquent will be reduced.
- There will be fewer disrupted adoptions.
- There will be fewer Family with Service Needs commitments.

Outcome 3: Children in the Department's care will achieve more timely permanency.

Placement is only a temporary situation for children who are removed from their families. The goal of the child welfare system is to provide children/youth in care with lasting family connections and permanent homes. Most often, this is through returning the child home to his or her family of origin following resolution of protective concerns, after completion of behavioral health treatment, or at the conclusion of sentences for juvenile crimes. In some cases of abuse or neglect, returning home may never be safe and children may find their lifelong connection through permanent placement with relatives or adoptive families.

- There will be fewer youth in care with a permanency goal of Another Planned Permanent Living Arrangement (APPLA).
- For children with a permanency goal of Reunification, there will be an increase in the percentage of children reunified within 12 months of their entry into care.
- The average length of time to achieve the permanency goal of Reunification will be reduced.

- For children with a permanency plan of Transfer of Guardianship, there will be an increase in the percentage of children achieving that goal within 24 months of their entry into care.
- The average length of time to achieve the permanency goal of Transfer of Guardianship will be reduced.
- For children with a permanency plan of Adoption, there will be an increase in the percentage of children adopted within 24 months of their entry into care.
- The average length of time to achieve the permanency goal of Adoption will be reduced.

Outcome 4: For children in the Department's care or custody there will be an improvement in their well being while in placement.

For children who cannot live safely in their homes, the next most appropriate option is another family setting. Ideally, the placement is familiar to the child—with relatives or family friends or in his or her home community. Placing children appropriately also means avoiding multiple placement moves, as such experiences are damaging for children who must repeatedly sever bonds. Congregate care settings are appropriate placements only for children whose therapeutic need requires more restrictive settings, which are meant to be temporary. Regardless of the placement setting, all children should maintain connection with any siblings and experience safety and well-being while they are in our care.

- Children will experience fewer placement changes.
- An increased percentage of children in care will be in the same placement with all of their siblings.
- An increased percentage of children in care will be placed with relatives.
- There will be an increase in the percentage of children living in family care settings.
- The percentage of children on "discharge delay" status in congregate care settings will decrease.
- The percentage of children having their needs met will increase.
- There will be a decrease in the percentage of children experiencing an arrest while in DCF care.
- There will be a reduction in youths' length of stay youth in locked, juvenile or criminal justice settings.

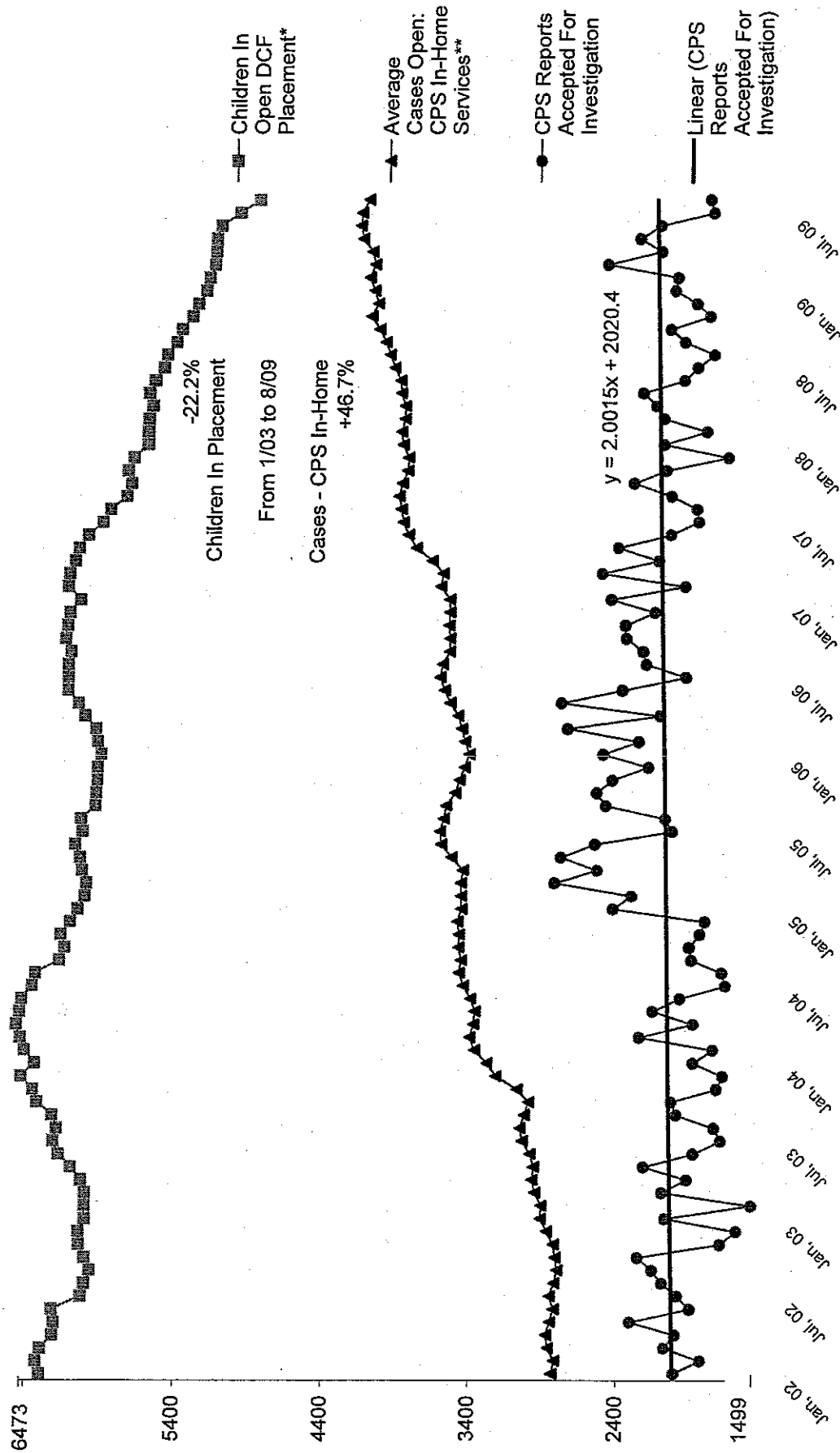
Outcome 5: Youth that will be transitioning from the Department's care will be better prepared for adulthood.

Youth leaving DCF because they are in transition from child welfare, children's mental health, or juvenile justice system to independent living or adult systems of care can be particularly vulnerable. In addition to meeting their basic needs for food, shelter and care, we must ensure that young people receive training and support for acquiring knowledge, skills, and aptitudes for self-sufficiency.

- There will be an increase in the percentage of eligible youth that graduate from high school.
- There will be an increase in the percentage of high school graduates that enroll in post-secondary education or vocational training.
- There will be an increase in the percentage of youth having completed an independent living skills course prior to their transition from DCF care.
- There will be an increase in the percentage of youth living in a Community Housing Assistance Program (CHAP) at the time of their transition from care.
- There will be an increase in the percentage of youth achieving their educational, vocational, and/or employment goals at the time of their transition from care.
- All youth meeting DMHAS or DDS eligibility will have been referred for service and have a transition plan in place prior to leaving DCF care.
- There will be a reduction in the number of children in care who subsequently return to receive DCF services as a parent.

Selected CT DCF Caseload Trends: January 2002 - August 2009

CT DCF Office for Research and Evaluation



* Includes all Juan F. children in open DCF placements on the first day of each month; Excludes Committed Delinquent, Youth in Episodes Begun > Age 18, Voluntary, Probate and Interstate Compact

** This is the average number of Cases with open CPS In-Home assignments within each month

Note: Children-in-Placement and CPS In-Home Case data as of September 16, 2009; CPS Report data as of February 10, 2010